

INSTRUCTIONS: Print or Type in black ink only

NYSID NUMBER								PPB-6 (REV. 03/11)	STATE OF NEW YORK	APPLICATION FOR LICENSE AS GUNSMITH -DEALER IN FIREARMS	ORIGINAL APPLICATION <input type="checkbox"/> RENEWAL <input type="checkbox"/>																					
LICENSE NUMBER											COUNTY OF ISSUE				CODE																	
DATE OF ISSUE		MONTH		DAY		YEAR							EXPIRATION DATE				MONTH		DAY		YEAR											
LAST NAME												FIRST NAME												MI	MONTH		DAY		YEAR		SEX	
RESIDENCE ADDRESS												CITY/VILLAGE/TOWN AND STATE IF OTHER THAN NEW YORK												DATE OF BIRTH				ZIP CODE				
HGT (ins)		WGT (lbs)		EYES		HAIR		RACE		SOCIAL SECURITY NUMBER						PRESENT OCCUPATION						CITIZEN OF U.S.A.										
																						<input type="checkbox"/> YES <input type="checkbox"/> NO										
EMPLOYED BY									NATURE OF BUSINESS									BUSINESS ADDRESS														

I HEREBY APPLY FOR A LICENSE AS : GUNSMITH ☐ DEALER IN FIREARMS ☐ CHECK ONE OR BOTH AS APPLICABLE TO CONDUCT BUSINESS AT

STREET ADDRESS OR OTHER LOCATION		CITY, VILLAGE, TOWN	ZIP CODE	BUSINESS TELEPHONE
IS THIS APPLICATION FOR: INDIVIDUAL <input type="checkbox"/> FIRM <input type="checkbox"/> COMPANY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/>		NAME OF FIRM, COMPANY, CORPORATION OR PARTNERSHIP:		

GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER

LAST, FIRST, MI	STREET ADDRESS	CITY, VILLAGE, TOWN	SIGNATURE

HAVE YOU EVER BEEN ARRESTED, SUMMONED, CHARGED OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING DWI (EXCEPT TRAFFIC INFRACTIONS)? ☐ YES ☐ NO IF YES, FURNISH THE FOLLOWING INFORMATION:

DATE	POLICE AGENCY	CHARGE	DISPOSITION - COURT AND DATE

HAVE YOU EVER BEEN TERMINATED/ DISCHARGED FROM ANY EMPLOYMENT OR THE ARMED FORCES FOR CAUSE? ☐ YES ☐ NO

HAVE YOU EVER UNDERGONE TREATMENT FOR ALCOHOLISM OR DRUG USE? ☐ YES ☐ NO

HAVE YOU EVER SUFFERED ANY MENTAL ILLNESS, OR BEEN CONFINED TO ANY HOSPITAL, PUBLIC OR PRIVATE INSTITUTION, FOR MENTAL ILLNESS? ☐ YES ☐ NO

HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S LICENSE, GUNSMITH LICENSE, OR ANY APPLICATION FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A LICENSE REVOKED OR CANCELLED? ☐ YES ☐ NO

DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER HANDLING OF A FIREARM? ☐ YES ☐ NO

HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT OF A PROCEEDING IN FAMILY COURT? ☐ YES ☐ NO

IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:

**PHOTOGRAPH
OF APPLICANT
TAKEN WITHIN 30 DAYS**

FULL FACE ONLY

ANY OMISSION OF FACT OR ANY FALSE STATEMENT WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION AND CONSTITUTES A CRIME PUNISHABLE BY FINE, IMPRISONMENT, OR BOTH.

I AM AWARE THAT THE FOLLOWING CONDITIONS AFFECT ANY LICENSE WHICH MAY BE ISSUED TO ME:

1. NO LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS TRANSFERABLE TO ANOTHER PREMISE, EXCEPT IN ACCORDANCE WITH PENAL LAW SECTION 400.00 SUBD. 8.
2. ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION MAY REMAIN VALID DURING ITS TERM PROVIDING THE APPLICANT RETAINS A VALID LICENSE ISSUED PURSUANT TO APPLICABLE FEDERAL LAWS GOVERNING COMMERCE IN FIREARMS.
3. ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS SUBJECT TO REVOCATION AT ANY TIME BY THE LICENSING OFFICER OR ANY JUDGE OR JUSTICE OF A COURT OF RECORD.
4. NO LICENSE ISSUED AS A RESULT OF THIS APPLICATION AUTHORIZES POSSESSION OF FIREARMS OFF OF THE BUSINESS PREMISES INDICATED HEREIN, EXCEPT IN ACCORDANCE WITH PENAL LAW SECTION 400.00, SUBD 8.

JURAT:

SIGNED AND SWORN TO BEFORE ME

THIS DAY OF , 20

AT _____, NEW YORK

SIGNATURE OF APPLICANT

SIGNATURE OF OFFICER ADMINISTERING OATH

THIS FORM APPROVED BY SUPERINTENDENT OF STATE POLICE AS
REQUIRED BY PENAL LAW SECTION 400.00, SUBD. 3.

TITLE OF OFFICER

PPB6/PPB6A

APPLICATION NOT VALID UNLESS SWORN

IF APPLICANT IS A FIRM OR PARTNERSHIP, THE APPLICATION MUST BE SIGNED AND VERIFIED BY EACH INDIVIDUAL COMPOSING OR INTENDING TO COMPOSE SUCH FIRM OR PARTNERSHIP.

NAME	TITLE	NAME	TITLE
NAME	TITLE	NAME	TITLE

IF THE APPLICANT IS A CORPORATION, THE FOLLOWING INFORMATION IS NECESSARY:

SIGNATURE OF PRESIDENT _____

SIGNATURE OF SECRETARY _____

SIGNATURE OF TREASURER _____

NAME OF CORPORATION _____ DATE AND PLACE OF INCORPORATION _____

LOCATION OF PRINCIPAL PLACE OF BUSINESS _____

STREET CITY COUNTY STATE

1. RIGHT THUMB	2. RIGHT FOREFINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGER	5. RIGHT LITTLE FINGER
6. LEFT THUMB	7. LEFT FOREFINGER	8. LEFT MIDDLE FINGER	9. LEFT RING FINGER	10. LEFT LITTLE FINGER

PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY

LEFT FOUR FINGERS	THUMBS TAKEN TOGETHER	RIGHT FOUR FINGERS

IMPRESSIONS**TAKEN BY:**

NAME RANK SHIELD DATE

APPLICANT'S SIGNATURE AND ADDRESS:

INVESTIGATION REPORT – ALL INFORMATION PROVIDED BY THIS APPLICANT HAS BEEN VERIFIED:

NAME RANK ORGANIZATION

SIGNATURE OF INVESTIGATING OFFICER

THIS APPLICATION IS APPROVED – DISAPPROVED (STRIKE OUT ONE)

DUPLICATE OF THIS APPLICATION MUST BE FILED WITH THE
SUPERINTENDENT OF STATE POLICE WITHIN TEN DAYS OF
DATE OF ISSUANCE AS REQUIRED BY SECTION 400.00,
SUBDIVISION 5, PENAL LAW.

TITLE AND SIGNATURE OF LICENSING OFFICER